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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE OA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE OA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 7
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## TITLE

INTEGRATED TONE-BASED AND VOICE-BASED TELEPHONE USER INTERFACE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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